

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, FEBRUARY 21, 1844.

No. 3.

HYDROCYANIC ACID IN OPHTHALMIC PRACTICE.

By John H. Dix, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOME two years since, the use of hydrocyanic acid in the form of vapor was very earnestly recommended in many of the British medical and popular journals, as eminently beneficial in various diseases of the eye, both of the internal and external textures. Without expecting to find in hydrocyanic acid a specific, or to obtain by it the brilliant success which had attended its application abroad in nearly all the organic and functional diseases of the eye, I was still encouraged to hope, that it might be a very effective and decided agent in some, and accordingly commenced the employment of it in those to which it seemed most appropriate.

Although the result has in general fallen far below these very moderate expectations, as the remedy did in a few cases apparently benefit, a brief statement of the issue of these experiments may be serviceable in giving to hydrocyanic acid its true value in ophthalmic practice, and in adding another to the many illustrations of the disgraceful facility or injudicious haste with which the scientific organs of the profession burden their pages with extravagant and unproved assertions. The statement shall be brief; for to give to the readers of a respectable medical journal anything like a detailed account of a series of cases mostly unsuccessful, would be to outrage the long-established proprieties of those publications.

For several months, from May 2d, 1842, I often prescribed the vapor of hydrocyanic acid for cases in which any local stimulant was indicated, and have continued to do so, though less frequently, to the present time. In several cases, in which the chance of benefit from any treatment was so small that no notes were taken of them, it was directed at the request of the patient. As nothing has been heard from any of these in evidence that their hopes were realized, it is fair to suppose that they were not. It was used in some cases, the favorable result of which seemed to me owing probably to other means employed in common with it, or to a spontaneous effort of nature. Of some, of which notes were taken, the result is not known to me.

Setting aside these, I have now notes of thirty cases in which the effect of the vapor of hydrocyanic acid was thoroughly tested.

*Opacities of Cornea.*—In the six cases of interstitial opacity, commonly called leucoma, or albugo, no benefit was experienced, except that in two cases a partial clearing of the margin of the opacities took place, where probably the opacity was less dense. One of the two cases, the one in which the improvement was most decided, was of only three months' duration, and had not before been subjected to any local stimulant. One of these six cases was subsequently improved in some degree by alternate application of strong ointment of nitrate of silver and red precipitate; and another, of more recent date, was very essentially benefited by an increased vigor of the system consequent on a change of air and greater freedom of exercise out of doors, than had been previously enjoyed.

*Deposite of Lymph either in the Pupil, or between the margin of the Iris and the Lens, sometimes called false Cataract.*—In two cases of this description the vapor was most perseveringly used, but without the least benefit. In one of them a very sensible absorption of the lymph and enlargement of the pupil has since taken place in one eye, under the influence of alteratives (principally iodine) aided by counter-irritants and dilutants.

*Cataract.*—In four cases of lenticular, two of which were recent, affecting one eye only, and in one of capsulo-lenticular cataract, no effect was produced in arresting the disease, although in one case the patient, after applying the vapor, always experienced great relief from a deep-seated pain which accompanies the disease, and she continues to the present time the use of it. In two of these cases a trifling temporary improvement of vision often followed the application, probably owing to a dilatation of the pupil. In one case of a small central opacity of the capsule, of at least twelve years' standing, and probably congenital, no effect, after two months' use, was perceptible on the opacity. In this case no dilatation of the pupil resulted.

In one case of traumatic cataract, and in another upon which the operation of division had been performed, the vapor was applied at several different periods for from four to six days at a time, without any sensible hastening of the process of absorption, which in the first case was completed in four months, and in the second in a little more than two.

*Amaurosis.*—In two cases of complete amaurosis, both of which had been previously subjected (by another practitioner) to a very energetic and appropriate treatment, the vapor was of no avail. In one of these persons, both eyes were blind; the disease, though for only eight months complete, had been progressing for four years, the pupils somewhat sluggish, and the general health impaired. Of the other, the right eye only was diseased, but the pupil is perfectly immovable, and on exposing the eye directly to the full beams of the sun, which is attended with no discomfort to the patient, the fundus of the eye presents a straw-colored surface, upon which branches of the arteria centralis retinae are visible.

Ten cases of incipient or incomplete amaurosis were subjected to the

vapor, with no appreciable effect, except in two cases. In these two cases the prominent symptom of the affection was *muscæ volitantes*, but before proceeding to the more circumstantial notice of these, the only cases in which I have been assured of any beneficial effect, it should be mentioned that *muscæ* were also present in five of the remaining eight cases.

Dec. 3, 1842.—Miss R., æt. 20, of Roxbury, had two years ago typhus fever, during the progress of which the prominent symptom was pain in the forehead and eyes. She recovered from the fever, but soon became dyspeptic and occasionally suffered from headache and suppression of the catamenia. About three months after the access of the dyspepsia, she observed often, floating in the air, dark or semi-transparent motes, principally in the form of rings, but some of an irregular spiral form. These *muscæ* are variable in distinctness and number, but always increased by excitement or fatigue, bodily or mental. She can read and sew with perfect ease for a half or three quarters of an hour, and without perceiving the *muscæ*, but is always annoyed by them when exercising out of doors. Iris hazel, pupil active.

Miss R.'s health has recently much improved, but, as she thinks, without any amendment of her eyes, although two months ago, after taking for three weeks a chalybeate preparation, the *muscæ* were less frequent and troublesome. Cold shower bath and friction with flesh brush daily. Vapor of hydrocyanic acid twice daily.

Dec. 8th.—*Muscæ* considerably abated, as Miss R. believes through the agency of the vapor, immediately after using which, she now rarely sees them, and when they do appear they are smaller and not so well defined.

The vapor was continued for five weeks, during which her health became confirmed. The *muscæ* were still visible after any considerable muscular effort, but on the whole much less offensive. Soon afterwards Miss R. removed westward, and I know nothing further of the case.

April 11th, 1843.—Miss D., æt. 29, of Boston, about ten days ago, having felt during the day somewhat indisposed, just after eating her supper fainted. A headache succeeded, not severe, and affecting equally all parts of the head. This headache lasted two days, and on the third, that is, a week ago, she found the vision of the right eye obscured as by a cloud drawn over it, and numerous dark *muscæ volitantes*, fixed and of various forms, which she cannot describe. She can see with this eye to read for a short time, but in sewing coarse white cloth the texture becomes gradually intersected with black threads. She has occasionally, about once or twice in a day, seen a bright luminous spot, about a quarter of an inch in diameter and twinkling like a star. Iris gray, pupils active. Her health is not very good. She is troubled with constipation, and has for some four or five years been affected with an erethetic nervous deafness of both ears. R. Pil. cochæ, grs. xij; hyd. submur., grs. vj.; antim. tart., grs. ij. M. et fit. pilul. no. iij. to-night. Plain vegetable and farinaceous diet.

April 14th.—Head feels relieved, but vision as before. Hydrocyanic acid vapor for five minutes daily.

17th.—Miss D. has used the vapor for the last three days, twice a day, as she thinks with decided advantage. Although objects are still indistinct to this eye, the *muscæ volitantes* have nearly disappeared, only one or two being visible after applying the right eye for fifteen or twenty minutes to a white surface.

In the course of ten days she had wholly recovered.

In these two cases there can be no reasonable doubt of the beneficial influences of this vapor, but in similar cases we often meet with equally strong evidences of the usefulness of the vapors of ammonia, acetous and sulphuric ether, &c.

*Hemeralopia, or Night Blindness.*—In two cases, both of which ultimately recovered, the vapor was used with no effect.

To conclude, the vapor of hydrocyanic acid, though a convenient and in some cases effective agent, does not possess any specific virtues distinguishing it from other remedies of the same class.

It has been stated to be at once sedative and stimulant, and therefore appropriate to some inflammatory cases, in which other stimulants are not admissible. It is not so. Vascularity of the conjunctiva or other textures is as certainly enhanced by this, as by any other equally stimulant vapor; and for opacities of the cornea, either with or without vascularity, the hydrocyanic acid may be used as effectively and more conveniently in the form of a collyrium, the strength of which may vary from ten to thirty drops of the acid to aquæ dist.  $\frac{3}{j}$ . In my own practice, I now direct the vapor only in amaurosis, or other neurotic cases. The only ground upon which the recent exaggerated estimate of its virtues can have rested, is its feeble power of dilating the pupil, an effect which is by no means uniformly produced, and not to be relied on for any practical purposes.

A wide-mouthed vial, made to fit the orbit, will be found convenient in applying it. It may be applied from one to three times daily, and for one, two or three minutes at a time, or until a slight feeling of warmth is experienced. If it is to be long continued, the lids should be smeared, whenever it is used, with cream or ung. aquæ rosæ, to prevent a swollen œdematous condition of the edges, which is often produced by it.

*Boston, December 27th, 1843.*

#### INSTRUMENTAL DELIVERY—SINGULAR DEFORMITY OF THE FŒTUS.

To the Editor of the Boston Medical and Surgical Journal.

THE following case has been thought, by many to whom it has been related, worthy to be reported, and if you deem it so, it is at your service.

Mrs. H. was taken with labor pains, about noon, on Saturday, March 26. A midwife called at 3 o'clock, P. M. Finding an unusual presentation, she waited three hours "to see if nature would not work a change," as she expressed and excused herself. At 6 o'clock, P. M., Dr. S. B.



Thayer was called. As nearly as could be ascertained through the membranes, he judged that the breast presented; waiting until these should be ruptured, the labor so far proceeding pleasantly, at midnight he found that the neck presented anteriorly. Without much difficulty and force, during the absence of pain, the head could be brought down in the third position of Dewees, but could not be retained during the expulsive efforts of the uterus. Three hours were consumed in fruitless effort to retain the head in the proper position to pass the superior strait. At 4 o'clock, of Sabbath morning, I was called as counsel. After hearing the history of the case, I advised that examination be made to ascertain if the artery of the funis was still beating, and if it was, to attempt the delivery by turning. Dr. T., on reaching the cord, found all pulsation had ceased, and the uterus too much contracted to turn, if the child was still living. We now deemed the use of the perforator warranted. Friends were willing. Patient in good strength and courage. Some degree of rigidity of the soft parts, and preternatural heat, being present, we bled one pound, and gave the patient an hour to rest. At 8 o'clock, with extreme difficulty, we brought the head down in the third position, and on careful examination found it to be of large size. The sutures solid, and the fontanelles entirely closed. By means of the crotchet we could retain the head in the position to which it was brought down. Inserting the knife between the parietal bones, at the posterior fontanelle, the sagittal suture was followed down to the coronal, and the latter to the right and left temporal bones. A large portion of the right parietal was detached and taken away. The head still offering too large a bulk to pass the superior strait, it was emptied of the brain, and suffered to assume its former position within the pelvis. The crotchet was then hooked in the position of the anterior fontanelle, and by a little manipulation the head was brought down in the first position; but, though we assisted the expulsive efforts of the uterus with as much force as we deemed prudent for the safety of our patient, we could not succeed in effecting delivery, owing to swelling of the soft parts; indeed, it was with some difficulty that three fingers could be inserted into the vagina. This tumefaction was unavoidable from the use of the instruments and her long sufferings. At this time, 1 o'clock, P.M., patient began to despair, and friends were alarmed for her safety. Immediately we administered anodynes, and bled to deliquium animi (32 oz.) and smeared the vulva and vagina with ungt. belladonna. Examined again at 2 o'clock, and found labor progressing; at half past 2, child born; at 3, placenta followed; and at 4 o'clock, woman put to bed.

We then proceeded to examine the child. Found that the head had been one entire bony sphere, of very large size (not having any means present we did not measure), too large to pass any pelvis we had ever seen. The face, owing to contraction of the posterior muscles of the neck, looked directly backwards; the occiput lying between the scapulæ, and forcing the spine forwards. So rigid were these posterior muscles, that on forcing the head forwards, so that the chin should touch the breast, a considerable degree of force was necessary—and on this being suddenly

removed, the head would fly back and resume its former position. Both tibia were much curved, and the feet and toes drawn close up against them. Otherwise the child was well formed and favored. Weight, *sans* blood and brain, 8½ pounds.

I may remark, that during the eighth month I had attended upon her for a congestive inflammation of the lungs; and the month previous for aphonia, arising from irritation of the 1st, 2d and 3d cervical nerves.

*Query.*—Was this a case of opisthotonos? or permanent contraction of the muscles affected? The venerable Dr. E. A. Atlee thinks the latter. Could the irritation of the cervical nerves of the mother have affected the foetus? I will add, in conclusion, that the patient complained for a few days of lameness of the pelvis on changing her position, but had as good a "getting up" as from any of her nine previous labors.

Yours truly,

Climax Prairie, Mich., Jan. 24th, 1844.

R. P. STEVENS.

#### NEW DISCOVERIES IN PHYSIOLOGY, PATHOLOGY, &c.

[Communicated for the Boston Medical and Surgical Journal.]

*Justice Sha'lon.*—It is well said, in faith, sir; and it is well said, indeed, too. Better accommodated!—it is good; yea, indeed, it is: good phrases are surely, and ever were, very commendable. Accommodated!—it comes from *accommodo*: very good; a good phrase.

*Bardolph.*—Pardon me, Sir; I have heard the word. Phrase call you it? By this good day, I know not the phrase; but I will maintain the word with my sword, to be a soldier-like word, and a word of exceeding good command. Accommodated; that is, when a man is, as they say, accommodated: or, when a man is—being—whereby—he may be thought to be accommodated; which is an excellent thing.—*King Henry IV., Part 2, Act III., Scene II.*

SUCH was the reasoning, and such the philosophy, of two ancient sages, or rather one a sage and the other a soldier, upon a certain discovery which the latter had made, touching a subject—not exactly medical, but somewhat practical in its nature, and which had, no doubt, puzzled the brain of many a casuist.

Mr. Editor, in reviewing the pages of the Journal of the past year, we are particularly struck with the philosophical disquisitions of some of your learned contributors, which stand out in bold relief by their originality; and remind us of the cogitations of the distinguished worthies of antiquity above quoted. And, first, let us take a glance at one on the philosophy of animal heat.

*Proposition.*—"It is upon this law that the philosophy of animal heat is founded, viz., the different capacities of matter for heat, and the constant consolidation of fluids to solids during nutrition."

*Proof.*—"I recollect of reading an anecdote in your Journal (the No. I do not recollect) of a young lad who was kept upon a diminished quantity of food for some weeks; the consequence of which was, a continued sense of cold. And this is why the aged person never wishes to leave his fire-side, especially to be exposed to the chill of winter. He has passed his active days, his habits are sedentary, the waste is small, and consequently a diminished nutrition." Again, "this position is proved by the process of inflammation. Put a thermometer in the lungs,

another in the arteries and veins, and another in the inflamed part; the latter will rise several degrees higher than either of the others."—*Boston Medical and Surgical Journal*, Vol. XXVIII., p. 518 *et seq.*

The author does not inform us whether he has actually tried this latter experiment himself, or taken it upon "trust." It is presumed, however, that he is satisfied of the fact. Here, then, Mr. Editor, you have the crack discovery in modern philosophy in a nut shell. The great problem of animal heat, which has puzzled the brains of chemists and physiologists, is indeed solved! Good phrases are surely, and ever were, very commendable. It seems, that, your learned correspondent, not being satisfied with existing theories upon this subject, set about the investigation of it himself; and, truly, he has demolished all before him. He very frankly acknowledges, however, that "Messrs. Blake, Davie and Crawford have all showed much talent in *writing*," but all to no purpose. For, according to his account of them, they have, "in their eagerness to establish their own plans," followed the example of the Kilkenny cats, and if not actually eaten *each other*, at least devoured each other's theories; so that not one now remains worthy of "trust."

Our author despatches the "modern philosophers" quite as summarily as he does their predecessors. He says, "they dare not (or do not) commit themselves." Probably they became alarmed from hearing such an awful cat-o-wawling among their seniors. But they have the honesty to confess that the field lies open to the exploration of some fortunate adventurer like our author. Who these "modern philosophers" are, that have been so frightened out of their propriety, we are left to conjecture. We had supposed, indeed, that the researches of Edwards and Liebig, not to name others, had thrown some light upon this subject, and that important principles had been established by them; at least that they were deserving of respectful consideration; but our author informs us (perhaps the names of these gentlemen have not reached him), that "modern systems have all exploded;" vanished into thin air! and the glimmerings of such rush lights as these, if not actually extinguished, are totally eclipsed by the coruscations which flash down upon us from this *blazing star* which has so suddenly appeared.

But we must not dwell longer upon this head. Another philosopher, equally distinguished, the light of whose genius has just shot up like a meteor from the opposite point of the horizon, is entitled to what remains of our time and space. We come, then, by an easy transition, to the philosophy of *bloodletting*.

"How many are the disorders that require the subtraction of blood! For in all the diseases embraced within these wide limits, when we reduce the quantity of blood in the disturbed vessels, the result is good. [It is good, indeed, sir.] The vessels then have an opportunity to contract, the size of their diameter is diminished by taking from them this superabundance, so that the circulating system becomes stimulated, and they take on healthy action; consequently the plethora or inflammation is entirely overcome."

Again, *hemorrhages* require abstraction of blood. "Does not nature,

indeed, imitate the curative process, when she allows the effusion of blood for the relief of this abnormal action? But because she *does*, we are not to rest the case in her hands; but to bring the aid of our art, and storm the enemy with united forces. In nine cases out of ten we shall be the victors, if we do this in incipient attacks."—*Ibid*, Vol. XXIX., p. 399, *et seq.*

This is magnanimous! Were *Lieutenant Bardolph extant*, he would maintain it by his sword to be soldier-like, and of exceeding good command.

From experience, however, our author has learned, that the "subtraction of blood" may sometimes be injurious, as the following very graphic description will show, most conclusively. Case.—"August 25, 1840. Miss N., aged 20, has been ill for some time. I was invited to see her by her physician to-day. She is now laboring under hysteria. A white coat covers her tongue, skin hot and dry, pulse 100. She was immediately bled  $\frac{3}{4}$  x. Her mind soon became clear (she was delirious before), and was free from pain." Note.—"Her pulse fell to 90, though its quickness did not abate." The attending doctor was called again in six hours, and found the patient "quite insensible" and every way worse.—*Vide Idem.*, p. 401.

Now, Mr. Editor, is not this a caution? Your readers never need be at a loss when to "subtract" blood. The whole concern, as Sam Weller would say, is explained in less than no time. We have nothing to do, Sir, but bleed from a large orifice in the erect position; our author "thinks it furnishes a good diagnosis, enabling one to decide whether the disease is inflammatory, or irritative;" and if syncope come on before five ounces of blood be lost, it "proves at once the nature of the disease." It is "*one in toto forbidding depletion.*"

Why, Sir, the thing is proved to a demonstration. It is no more to be carped at; it is done upon instinct; and is as plain as the spectacles on a man's nose. When the principles established by our author become known to the profession generally, what a quaking there will be among the dry bones of all preceding sanguineo-pathologists! Will not Marshall Hall, Magendie, and all such experimenters, be glad to hide their diminished heads, and slink away into everlasting obscurity before the light of this genius? as the chemico-physiologists have been before the blaze of that of his cotemporary upon animal heat. Indeed, Sir, we live in a blaze of glory! But we crave your pardon, Sir; we have already exceeded our limits. Perhaps, with your permission, we may, on another occasion, notice some other lesser lights which ever and anon emit bright scintillations of genius through your pages.

In conclusion, Mr. Editor, we know not which is the more fortunate, the authors of these great discoveries, or the Journal through the medium of whose pages they have been communicated to the world. Among your country subscribers, different opinions are entertained.

Worcester, January 29, 1844.

X. X.

P. S.—We have been so much overwhelmed by the originality and

magnificence of the thoughts contained in these productions, that we have not stopped to admire the beauties of the Queen's English displayed in them.

---

---

PES EQUINO-VARUS ACQUISITUS,

SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INSTITUTION.

[Communicated for the Boston Medical and Surg. Journal.]

SEPT. 30, 1841. John Kilby, Esq., of Dennysville, Maine, placed his son, a lad about 13 years old, at the Institution. The following account of the case and treatment is copied from my Note Book. This lad has not walked without a crutch for many years. The left knee is contracted to an angle of 30 degrees, beyond which it cannot be extended. The foot on the same side is more deformed than any one I have met with. If it was separated from the leg, and the toes broken off, no one would suspect what it was, or for what purpose it was made. When the anterior part of the foot is placed upon the ground, the heel is elevated four inches. The anterior part of the foot is twisted inwards, in a very unusual manner. The astragalus is very prominent, being subluxated upward and outward. There is no motion in the ankle-joint. The cuboidal extremity of the metatarsal bone of the little toe projects outward to a very unusual degree. All the metatarsal bones oblique inwards. The sole of the foot looks upwards, the foot being turned nearly upside down. The toes are turned back, so as to be nearly in contact with what ought to be the top of the foot. The little toe presses back against the metatarsal bone of the toe next it. There is a thickening of the integuments on the outside of the little toe and the upper side of the metatarsal bones of the toes next it, marking the point on which the body rests, when the foot was placed on the floor.

This day, Sept. 30, divided the tendon of Achillis and the flexor longus pollicis pedis. There was not a drop of blood. My son, Buckminster Brown, was present, and aided me in this, as in all the subsequent operations on this foot and leg.

It would be tedious, and is unnecessary, to go through with a long, detailed, daily record of the treatment of this case. Suffice it to say, that the tendon of Achillis was divided five times; the long flexors in the sole of the foot, three times; the abductor pollicis pedis, twice; the plantar fascia, the biceps flexor cruris, the semitendinosus, and the semimembranosus, each once.

The apparatus for leg and foot, used at this Institution, were applied to this case. It was not until after the fourth division of the tendon of Achillis, that I was able to reduce the subluxated astragalus. I could then with my thumbs press it into its place, and even make an *indentation* where the greatest prominence had existed; but this bone had been so pinched and wedged in, that it was not sufficiently developed to fill the space nature designed for it. It was difficult to retain it in place. By

perseverance, however, the foot and leg were brought to the state of perfection represented in fig. 2.



Fig. 1 represents the foot and leg as they were when the lad came to the Institution.

Fig. 2 represents them as they were when he left.

---

#### FOREIGN BODIES IN THE NOSE AND EAR.

From Sir Benjamin C. Brodie's Lectures at St. George's Hospital.

Two or three years ago I was consulted concerning a young person, a female, who had some complaint in her nostrils. There was a putrid discharge from them, and those symptoms were present which usually indicate the presence of diseased or dead bone of the nostrils; and presuming that this was the nature of the case I prescribed sarsaparilla, and treated her accordingly. This complaint had been going on since she was quite a child, and when I saw her she was eleven or twelve years of age. Not long ago, in blowing her nose, something came out of her nostrils—a large solid substance. Her family thought that this was the



piece of dead bone which was expected to appear, and it was sent to me; but, on examining it, I found that it was not bone, nor had it the appearance of ever having been organized. It was convex on one side and concave on the other, and seemed to have been formed upon a nucleus. Dr. Prout was good enough to examine it chemically, and he found it to consist of dry mucus, with phosphate of lime, such as is secreted by an inflamed mucous membrane. The mucous membrane of the nose, like that of the bladder, will, when irritated, secrete phosphate of lime. I was led, from this, to conclude that, originally, some foreign substance had been introduced into the nose, and if it were a round body this would account for the concavity on one side of the concretion. Here was a case in which there was great reason to believe that some foreign body had been introduced into the nostrils, and had remained there for years, producing all the symptoms usually arising from diseased bone.

A little boy was brought to me a few years ago, with a putrid discharge from the nostrils. There, also, I thought that there was a piece of diseased bone. On looking into the nostril, however, I perceived, at the upper part, something rather larger than a piece of dead bone might be supposed to present. I took hold of it with the forceps, and, on removing it, found it was a tamarind-stone which the boy had thrust into the nostrils a year or two before, no one knowing anything of it. In each of these cases, when the foreign body was taken away the symptoms subsided.

Another patient was brought to me supposed to have diseased bone in the nose—a little girl in whom there had been a putrid discharge for two or three years. There I could see nothing, but, from the symptoms, I concluded that disease was going on in the bone. I prescribed for this patient sarsaparilla, and one morning something was blown out of the nose. It was brought to me, and I discovered that it was a piece of sponge that had stuck in the nostril, and was now filled with mucus, and, I suppose, some phosphate of lime. As no one knew the history of the case, I suppose that the child must have thrust it in herself. It is not very uncommon for children to get foreign bodies into their nostrils, and these cases show that you may be led into great error by supposing that there is diseased bone when there is none at all.

In two of these cases the foreign body was blown out—came away spontaneously; and in the case of the tamarind-stone I removed it very easily with the forceps. Other means, however, may be adopted for removing these foreign bodies. A child was brought to me who had got a glass bead into the nostril, and it was known that it was there. I tried to take hold of it with the forceps, but they slipped over its smooth surface. I then introduced a probe, bent in a peculiar manner, which, getting behind the bead, pulled it out.

Foreign bodies may get into the external meatus of the ear. A child was brought to me who had got a broken piece of slate pencil, about half an inch in length, in the meatus. You might suppose it an easy matter to get a foreign body out of the external meatus of the ear, that part being so much more in sight than the nostril. But it is often very

difficult, and for this reason: in the nose you may poke with the forceps, and do no harm. I have already stated what great manipulations the nostril will bear. But what will happen if you poke with the forceps in the ear? A child was brought to this Hospital with a pea in the ear. A great many attempts had been made to remove it prior to the child being brought here. The pea was then out of sight, and the child had very alarming symptoms of inflammation of the brain. The little patient died; and it was found that in attempting to extract the pea, the membrana tympani had been destroyed. The injudicious poking of the tympanum with the forceps had caused inflammation of the bone of the tympanum, and a separation between it and the dura mater, so that the child died in consequence of the rude introduction of the forceps into the ear. Indeed, it is a very difficult thing to extract a foreign body from the ear with forceps, and if you attempt it you must proceed with the greatest caution. I have, however, extricated foreign bodies from the ear with a narrow pair of forceps, by letting the rays of the sun shine into the meatus, and then introducing the forceps, so that one blade came upon each side of the foreign body. But if you attempt it without the rays of the sun shining into the ear, and using your eyes carefully, and your hands slowly and attentively, nothing is more easy than to drive the body against the membrana tympani, break the latter, and push the body into the tympanum. I do not say that you are not to extract foreign bodies from the ear with forceps, but you must do it with the greatest care; for the want of care may lead to the destruction of the patient. But I have more frequently succeeded in these cases by other means. I stated that a child was brought to me with a piece of slate pencil in the ear. I placed the child opposite the light, and injected some tepid water into the ear with a syringe. There was room for the water to penetrate into the meatus, and as it came back it washed out the slate pencil. There was a case brought into the Hospital in which there was some foreign body—I believe a pea—in the external meatus. I tried all sorts of methods to get it out. I could not use the forceps, and it nearly filled up the meatus, so that either water could not pass behind it, or it was so jammed that the water injected by the syringe would not wash it out. I said, “let it alone, let it remain there, the pea, in all probability, will dry and waste of itself, and then it will come out, or when it is rotten it may be washed away with a syringe; but I will not make any further efforts to remove it now; for I may drive it into the tympanum and kill the patient.” In one case, where a foreign body had got into the ear, I extracted it, like the glass bead, with a bent probe, which I introduced very carefully behind it.

---

#### DEATH CAUSED BY GIVING AN ENEMA.

[We find the following in the last number of the St. Louis Medical and Surgical Journal. From the indefinite manner in which original communications are distinguished in that journal, we are in doubt whether

this is copied from some foreign periodical, or whether the occurrences referred to happened in St. Louis. We suppose, however, the latter to be the case. It purports to be written by C. A. Pope.]

During last fall I was requested by Mr. Owens, the coroner, to accompany Dr. S. to Second street, for the purpose of holding an inquest over a dead body, and assisting in making the autopsy. Ever ready and willing to undertake these examinations, as there is always something to be learned by them, I responded to the call. On arriving at the appointed time and place, I was immediately put on the coroner's jury. Had I made previous inquiry into the circumstances of the case, I might, probably, have not so readily engaged in it; but duty, however, would have, beyond other considerations, induced me to assist in the matter.

The father, Mr. Musler, a German, stated, that the deceased (a boy four years of age) had been taken sick, a week or ten days before, with a sore throat, fever, slight cough, and difficulty of breathing. Dr. Rose, a German physician, was called in, and attended the child for a day or two. For some reason, the father, a few days afterwards, thought fit to have some other physician, and being a stranger in the city, he was recommended to Dr. ———, likewise a German. Dr. ——— left directions for two phials, one of which he said was to vomit, and the other to purge. The child not getting better, and refusing to take the medicines, the father went to Dr. ———'s office, and asked him if he did not think that an injection would be advisable. The doctor replied that it would, and, accompanying the father to his house, he himself administered it, adding to the injection a tea-spoonful or two of the vomiting liquid, which was to have been given by the mouth. This liquid contained tartar emetic; the rest of the injection consisted of linseed oil and common salt, with warm water. Within a short time afterwards, the first injection producing no effect, the doctor gave a second one; the child making some resistance, and firmly held by assistants. It appears that some difficulty was experienced in forcing the second injection, when suddenly the bystanders hearing "something crack," the syringe was easily emptied of its contents; the child still crying, and making stout resistance.

On hearing the noise, Mr. Musler said to the doctor, "You have injured my child;" but the latter insisted that he had not. The child complained for a few minutes, then grew much worse, and sunk into a state of extreme prostration. Although it had been running about the house on the same day, in less than two hours after the second injection the child was a corpse.

Shortly before its death, Dr. Rose, who had seen the child in the first instance, arrived, accompanied by Dr. Heldritt, also a German practitioner. Both these gentlemen agreed with the father in supposing that Dr. ——— had seriously injured the child, and at their instance Mr. Musler called an inquest.

I insisted that Dr. ——— should be sent for, to be present at the examination of the body. Meanwhile, Drs. Rose and Heldritt branded him as a quack, and evinced a malignant, and perhaps an envious desire, as I thought, to blast his reputation and ruin his prospects. The father

showed me Dr. ———'s certificate of his child's death, wherein it was said to have died of croup. Dr. ——— came; he detailed to me the symptoms presented by the child, which were indeed those of croup. I could not believe it possible, that in giving an enema, a thing done by every old woman in the country, any one bearing, by right or assumption, the title of doctor, could commit so vile and unheard-of an outrage on medical practice as that with which he was charged. Telling Mr. ——— (for I must drop the doctor) of the manner in which the other physicians had spoken to me about him, and deeming it incredible that he could have perforated the intestine, I re-assured him with regard to the probable result of the autopsy, from the account of the case which he had given me, and intimated what pleasure it would afford me to exculpate him, and disappoint the malignity of his enemies.

The three cavities were opened; the head presented nothing remarkable. In the thorax we found the lungs somewhat congested; the lining membrane of the bronchi and trachea was red, injected, and covered with a thick secretion, while that covering the vocal cords and epiglottis was tumefied, and highly inflamed. Some white patches were also observable around the glottis: the mucous lining of the pharynx and the tonsils likewise participating in the general redness. The heart appeared healthy. On opening the abdomen, we observed, in the pelvic cavity, between six and eight ounces of a brownish-red liquid, which being absorbed by a sponge, enabled us to see, in the bottom of the peritoneal *cul-de-sac*, situated between the rectum and bladder, an irregular opening. Before disturbing the parts, I poured water into the pelvis, when, holding the body in an upright position, it ran out at the anus. I now carefully removed the pelvic viscera, by sawing through the branches of the pubes and ischii, and detached the rectum from its sacral adhesions. Avoiding, for obvious reasons, sharp-pointed scissors, I used Cloquet's enterotome for laying open the intestine upon its posterior part. This done, we observed, about two and a half inches above the anal orifice, upon the anterior wall of the rectum, an oblique jagged opening, communicating with that already noticed in the peritoneum: all the other abdominal viscera appeared healthy. The perforation of the rectum was complete, and the contents of the syringe were thus thrown into the peritoneal sac, instead of the intestine. It is proper here to state, that the pipe of the syringe was not a common pewter one, but of horn, four inches in length, and very pointed. In giving the enema, instead of directing the pipe backwards into the concavity of the sacrum (and with so sharp an instrument the finger should always be used), Mr. ——— thrust it immediately upwards against the promontory of the sacrum, and thus perforated the intestine.

To bring this man, calling himself doctor, to justice, that he might suffer the penalty due his ignorance and neglect, two indictments were filed against him. The first was quashed; and the second having been improperly drawn up, was entirely nugatory. Under the second indictment, the counsel for the defence cleared the defendant, on the ground that the child did not die of the mere wound inflicted by the pipe of the

syringe; there being no mention in the indictment of the liquid found in the abdomen.

Being summoned both by the State and the defendant, I was not called upon for evidence. Had I been allowed to testify, it would have been to this effect:—That the disease of the air-passages was hardly capable of causing death, and that the child might have recovered from the simple perforation of the rectum, as the opening was oblique, upwards, and valvular, in a manner to have prevented fecal effusion. I attribute the child's death to the presence of the liquid found in the peritoneum, which liquid, rendered more irritating by its containing tartar emetic, produced so severe a shock to the nervous system, and caused the rapid and fatal prostration of all the vital powers. It is probable that death was hastened both by the disease of the larynx and the rupture of the intestine; but, independently of these, the liquid in the peritoneum must ulteriorly have proved inevitably fatal.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, FEBRUARY 21, 1844.

---

*Purpura Hemorrhagica.*—Cases of this disease are not of very frequent occurrence, and yet every practitioner, of long standing, may have had an opportunity of witnessing it. Usually the malady has a speedy run to a fatal termination. By the Boston bill of mortality, it seems that only one fatal case occurred in this city in 1843—but there may have been cases in which the patient recovered.

Our attention has been called to the successful treatment of purpura by Dr. A. J. Coons, reported in the 15th of January No. of the St. Louis Medical and Surgical Journal. In his hands, creosote seems to have been the efficacious agent in the treatment. Although he prescribed a mild cathartic of oil in one case, the fifteen drops of creosote in a mucilage of four ounces of gum Arabic, a tablespoonful three times a day, according to his own diary, soon modified the symptoms. He also gave pulv. ipecac. compos. and sub. m. hydrarg., aa grs. iij., morning and evening. On the 27th of January, when treatment began, there was oozing of blood from the lips, dark spots in the palms of the hands, the eyelids exhibited signs of bleeding, &c.; but on the 29th, the oozing from the lips and gums had ceased.

The object of these observations is simply to induce gentlemen who may be called to a case of purpura, to ply the system with this potent agent—creosote, which of late, in this as well as some other diseases, seems to have been rather neglected.

---

*Mammoth Doses in a Case of Poisoning.*—Desperate cases, says the proverb, require desperate means. Dr. Warren, Senior, of this city, was called suddenly to visit a lady, early in the morning, who instead of taking two ounces of tincture of rhubarb, as she intended, had by mistake

actually swallowed two ounces of laudanum. The dreadful discovery was instantly made, and Dr. Warren at once called. He gave directly two ounces of antimonial wine, which not producing vomition as soon as expected, one ounce of pulverized ipecac. was administered, mixed in water. That being equally inoperative, he next gave one drachm of tart. antimony. But the stomach was not yet in the least excited, and he then gave the patient a drachm of sulphate of copper. With all these, not even nausea could be produced. It is unnecessary to explain the reasons why a stomach pump was not introduced. The alarm was greatly increased by the failure of all these well-known active emetics, and Dr. Warren saw that the lady must inevitably die, if relief was not afforded without further delay. He then pressed over the region of the stomach with both hands, kneading the organ violently, and instantly, by mere mechanical pressure, completely forced up the whole mass of contents together. Through the whole day she was unremittingly exercised on her feet, to keep her from falling asleep. The propensity to doze was pressingly strong, but by this indefatigable course she was kept awake—and by the next morning all drowsiness effectually left her, and she was perfectly restored to consciousness and health.

---

*Smallpox communicated by Bank Bills.*—"Mr. Duple, teller of the Clinton Bank, Columbus, Ohio, recently died of smallpox; the affection having been communicated by the bank notes which he was compelled to handle in his official capacity."

A similar case occurred in Boston a few years since, in the person of a Mr. Barker, a clerk in Mr. Allen's auction store, Milk street. He noticed, in taking a bank bill from a gentleman's hand, who was settling for some purchase, that he had small scabs here and there, over his face. It was presumed that he had just recovered from smallpox, and the few crusts that were visible were the last remains of the disease. Mr. Barker exhibited the disease on the 14th day after exposure, not having been vaccinated. It assumed the confluent form, of which he died in great agony about the twenty-first day after its development.

---

*New York State Lunatic Asylum.*—We are indebted to Dr. Brigham, the Superintendent, for a copy of the first annual report of this institution. The extent to which the Asylum, as originally designed, is finished, is already found inadequate for the accommodation of applicants. It was intended, by those who planned it, to accommodate, by means of four buildings, 1000 patients, and it is probable that there is that number in the State who should be within the walls of this, or some other well-managed asylum, as in 1842 it was ascertained that 430 lunatic paupers in the State were then *confined in jails and poor-houses*. The one finished building of the Asylum will now accommodate properly but 225, and on the 1st of February there were 221 patients in it, and the remaining few vacant rooms were engaged. The foundations of the other three contemplated buildings, have been found so much injured by rain and frost, as to be unsuitable to build upon, and some of the stone has been used for other purposes. The managers recommend the erection of two additional wings of brick to the present



building, each 250 feet long by 38 feet wide, which will enable them to accommodate 500 patients. We copy some of the more important items from Dr. Brigham's report.

"The Asylum was opened for the reception of patients the 16th of January, 1843. Since that time to the 30th of November, a period of ten months and a half, there have been admitted 276 patients. Discharged, recovered, 53; do. improved, 14; do. unimproved, 6; do. dead, 7. Remaining, November 30th, 196.

"Eighty patients have been discharged. Fifty-six of these were recent cases, that is, of not more than twelve months' duration. Of this number 49 recovered; 3 were discharged without recovery, and 4 died. Twenty-four were old cases. Of this number 4 recovered; 17 were discharged without recovery, and 3 died.

"The deaths have been few. One died soon after admission, from exhaustion consequent to long abstinence from food and exposure to cold, before he came to the Asylum. Another from erysipelas, arising from a wound before admission; a third from scirrhus stomach; one died of paralysis; two of consumption, and one from sudden effusion upon the brain, the third day after reception.

"We have practised weighing each patient soon after admission, again the first day of each month, and when discharged. Average weight of men on admission, 138 lbs., 1 oz. Average weight of men at the end of the year, and when discharged, 141 lbs., 10 oz. Average weight of women on admission, 112 lbs., 10 oz. Average weight of women at the end of the year, and when discharged, 116 lbs., 7 oz. With the exception of two, all discharged cured had gained flesh—some of them from 10 to 18 pounds, one 37 pounds. Total increase in weight of the 53 discharged cured, 306 pounds."

Among the supposed causes of insanity are the following, with the numbers attached. Religious anxiety, 50; ill health, 46; puerperal, 20; loss of property, 17; excessive study, 12; intemperance, 10; death of kindred, 10; fright, 7; 'Millerism,' 7; masturbation, 3."

The following is the diet used at the Asylum:—

"*Breakfast.*—Coffee, bread, butter, potatoes, cold or warm meat, hashed meat, mackerel, sausages, dry or buttered toast, and buckwheat cakes in the season. These articles varied according to the season of the year, and to afford a frequent change.

"*Tea.*—Tea, bread, butter, biscuit, toast, plain cake, gingerbread, crackers, cheese, apple sauce, and berries in the season. These so varied as to make some change frequently.

"*Dinner.*—Sunday—cold meat, potatoes, pudding or rice, molasses, bread, butter, crackers, cheese, pie. Monday—boiled corned beef, vegetables, rice, molasses, bread and butter. Tuesday—roast meat, vegetables, pie or pudding, cheese, bread and butter. Wednesday—soup, boiled fresh meat, stew-pie, beefsteak, fresh fish, poultry, or other articles in the market and not used other days, bread and butter. Thursday—same as Monday. Friday—same as Tuesday. Saturday—boiled salt fish, rice, molasses, or pudding, vegetables, bread and butter.

"The sick have a prescribed diet. Milk is abundantly supplied to all the tables, and fruits, especially apples, are often furnished to such of the patients as are not likely to be injured by them."

*Spontaneous Dislocations.*—From the Norwalk Gazette the following very remarkable case is copied.—Uriah Ambler, who died in this town on Thursday morning last, was a house carpenter, and by exposure when in a heated and excited state of body, about nine years since, became a prey to that racking disease, the rheumatism. During nearly the whole of this long period he was confined to his room and bed, enduring an amount and intensity of pain and suffering which have seldom fallen to the lot of humanity.

His disease, in its progress, dislocated nearly, or quite, every joint in his body, causing the bones to protrude from their places, and in some instances to project nearly an inch from the surface, and for the last four years deprived him entirely of sight. It was but an every-day business, and not unfrequently, we believe, repeated many times a day, to replace the joints which were constantly flying from their natural positions and relationship. After death we had a slight examination of the body, and a description of it will convey to the mind of the reader some idea of the nature of that disease, which could produce such a pitiable piece of deformity. We found it in the position which, for a long time previous to death, was the only one in which it could lie. On the right side, the head and shoulders curved forward, and the legs drawn up. The bones in the feet and legs were displaced and distorted, the spine much curved, disfigured and disjointed, the shoulders out of place, the arms at the elbows in the same situation, while in the case of one, if not of both the hands, a right angle was formed with the wrist. The fingers were drawn from the middle joint in opposite directions, the upper half being drawn inward towards the palm, while the lower half formed a complete curve outward. The disfigurement extended even to the nails, which scarcely had a resemblance to nature. One of the attending physicians has informed us that the only place he could find to get at the pulsation of the body, was at the carotid artery of the neck.

---

*Curability of Phthisis.*—"M. Fournet alludes to his having met with, in the course of one year, no fewer than 14 cases of confirmed phthisis that were cured; besides 10 other cases, in which dissection revealed the traces of caverns that had become perfectly healed.

"He goes on to remark, that 'these 14 cases of phthisis, cured in the living subject, have proved to me—

"1. That certain persons, who have exhibited the most decided symptoms of the disease, in its most advanced stage, may yet be restored to excellent health.

"2. That, if the general state is satisfactory in these individuals, and does not occasionally bear the evidence in some manner of the accidents of their past life, the local condition is very different, and always reveals the presence of alterations, more or less extensive.

"3. That even hereditary phthisis, in its most advanced stage, is susceptible of cure; although such an occurrence is certainly much more rare than in cases of the accidental disease.

"4. That phthisical patients, who have been treated by very various kinds of remedies, or who have been left entirely to the resources of the natural powers of their economy, seem to have recovered in about the same proportion; and, therefore, that nature generally '*fait tous les frais*' of the cure of the disease."

"He concludes his remarks with the following sentence:—'The capital fact which seems to spring from these inquiries is, that tuberculous disease is not, like cancer, essentially incurable; on the contrary, that it is often curable, and that its extreme and most disheartening fatality is referable rather to the circumstance of its being seated in one of the vital organs of the system, and to its tendency to frequent relapses, than to its primary and essential nature.'"—*Med. Chirurg. Review.*

*Face-Ache.*—This common affection, so often supposed to be excited by a diseased tooth, although the latter fails to be detected—a rheumatic, chronic kind of pain, wholly different from that of *tic-douloureux*—is often speedily curable by *muriate of ammonia*. This salt should be given in doses of half a drachm, dissolved in water, three or four times daily. About four doses will be sufficient to test the potency of the remedy. At other times the iodide of potassium, in five or six-grain doses, is quickly effective towards a cure. The efficacy of the latter remedy renders it probable that the affection is of the nature of periosteal inflammation.—*Dr. Watson's Lectures.*

*Excision of the whole Lower Jaw.*—The case of excision of the whole lower jaw, related by Dr. Bartolome Signoroni, is interesting as showing that patients may recover after removal of the whole jaw, and preserve the power of swallowing, and the faculty of speech. In this case, on account of an osteo-sarcomatous affection, the whole jaw was removed at its articulations. The patient speedily recovered, and was a few months afterwards exhibited at Padua, to the Italian Scientific Association. He had completely regained his health, swallowed easily, and his speech was scarcely defective. It is much to be regretted that the details of this case are not given; it may, however, be gathered from the remarks which follow the simple announcement of its success, that the bone was extracted piece-meal, being divided into portions by means of the cutting pliers introduced through subcutaneous incisions. It is to this mode of operating the author attributes the small quantity of blood lost, the rapidity of the healing process, and the general success of the operation. No mention, however, is made of the size of the tumor, the amount of the lower jaw which it involved, or the necessity which existed for removing the whole bone.—*Annali Universali; and Edin. Med. and Surg. Journ.*

TO CORRESPONDENTS, &c.—Dr. Slack on the Theory of Gall and Spurzheim, and Dr. Allen's and Dr. Ball's communications, are on hand for publication.—The annual catalogues of the Jefferson Medical College, Geneva College, and the College of Physicians and Surgeons of New York—Dr. Welch's Address at New Haven, Dr. Harrison's Lecture before the Ohio Medical Lyceum, and a Treatise on Domestic Practice, from Alabama, have been received.

DIED.—At Xenia, Ohio, Dr. James McCan, in the 57th year of his age—a native of Augusta Co., Virginia.

Number of deaths in Boston for the week ending Feb. 17, 45.—Males, 20—Females, 25. Stillborn, 4. Of consumption, 10—drowned, 1—debility, 2—lung fever, 4—scarlet fever, 5—croup, 4—marasmus, 1—hemorrhage, 1—inflammation of the lungs, 2—erysipelas. 1—hooping cough, 1—inflammation of the brain, 1—disease of the kidneys, 1—inflammation of the bowels, 1—jaundice, 1—disease of the heart, 1—intemperance, 1—infantile, 2—measles, 1—fits, 1—old age, 1—epilepsy, 1—scald, 1. Under 5 years, 21—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 5.

*The Plea of Insanity.*—At Derby Eng., John Winfield Grocock, aged 17 years, was indicted for violating the person of Eliza Ann Allwood, a child aged 11, and also for attempting to murder her.

The outline of the case may be given in a few sentences. The prisoner having decoyed the girl away, under pretence of giving her employment in a Derby silk mill, violated her person, struck her repeatedly on the head with a hammer, and left her for dead. He then gave himself up to justice as a murderer, asked for pen, ink, and paper, and wrote a minute account of the whole affair, with the exception of the rape, which he naturally supposed would diminish his claims to public sympathy, without adding to his pretensions as a monomaniac. His account concludes by saying, "as regards my intention for committing such an act, I was determined to be transported or hung, having at that time no means of obtaining a livelihood, but I cannot properly explain the motive for committing such an action."

The prisoner described to the superintendent of the police the spot where the crime had been committed. It was under a tree facing the windows of the mill at Borrowash. The grass was much trampled down; there was a quantity of blood upon it; and the handle and head of a hammer were picked up separately, for Grocock had struck this poor child till the instrument came in two. When taken to the Infirmary, one large and six smaller contused and jagged wounds were found upon her head. She recovered, however, and was one of the witnesses on the trial.

Grocock had possibly speculated on the favor shown of late to monomania, whether real or pretended, and had anticipated sporting in the same play-ground with Oxford and Macnaughten. In prison he acted his part as well as he could. "He was calm and quiet," says Mr. Douglas Fox, the surgeon of the jail, "when he did not know that he was watched, but rolled his eyes strangely when he knew that he was observed."

Several witnesses were called for the defence. One proved that his general conversation was very strange—that he talked very wildly; another that he said, "Mrs. Gee, I feel very curious—my head is very hot—I feel as if I should go beside myself." Another, who was an out-patient at the Nottingham Infirmary, saw him there, and was alarmed at the wildness of his conversation and appearance. Lastly, his father proved that the prisoner's uncle had been insane 18 years, and had been in confinement; and that the prisoner, when 18 months old, had a fall upon a mop-nail, which cut his forehead severely over the eye, and left a scar which is still visible. In short, there was evidence enough to have got the prisoner off had it been backed by any of the medical witnesses. This did not happen; and Grocock was left to answer for his complicated crimes. The jury took a merciful view of the case, and found him guilty of the fourth count only, which charged the intent to do grievous bodily harm.

The sentence of the court was, that he should be transported for life.—*Medical Gazette.*

*New Books in London.*—A Letter to Professor Liebig on certain Misstatements with reference to the ultimate analysis of the ox bile, as contained in the second edition of his work, with some Remarks on the Bile of Omnivorous and Carnivorous Animals, by George Kemp, M.D., &c.—On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders. By Henry Hunt, M.D., &c. &c.